

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

A212 Saloom

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

TIMOTHY MORGAN, G. I. T. S.  
CorCraft Industries FISHKILL C-F  
Maurice Peirsha, I.T.S.  
CorCraft Industries, FISH KILL  
Corr. FAC.

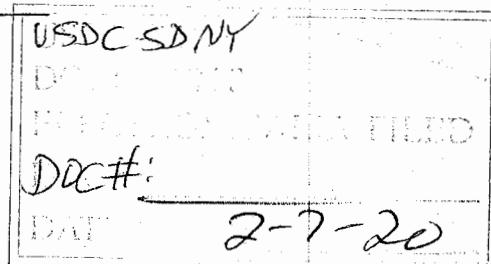
**AMENDED  
COMPLAINT**

under the Civil Rights Act,  
42 U.S.C. § 1983

Jury Trial:  Yes  No  
(check one)

19 Civ. 11121 (CM)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)



**I. Parties in this complaint:**

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff's Name A212 Saloom  
ID# N/A  
Current Institution N/A  
Address 162 18 TUSKEGEE AVENUE N.Y.  
Jamaica, NEW YORK 11433

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Timothy Morgan Shield # N/A  
Where Currently Employed FISHKILL C-F- /CorCraft Industry  
Address NYS Dept. of Corr. Serv.  
BEACON NEW YORK

D. Facts: I was working in the Cancer and Infectious Disease Department. I was using the bathroom, due to methotrexate. I was odd and off on the left, when I was asked to void. I had to void in the hallway by the Nurses' station, seeing what care was being given.

Rev. 01/2010

happened  
to you?

C. What date and approximate time did the events giving rise to your claim(s) occur?

B. Where in the institution did the events giving rise to your claim(s) occur?

A. In what institution did the events giving rise to your claim(s) occur?

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, attach additional sheets of paper as necessary.

### II. Statement of Claim:

Deerehardt No. 3	Name _____	Sureld # _____	Where Currently Employed _____	Address _____
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Defendant No. 4 Name \_\_\_\_\_ Where Currently Employed \_\_\_\_\_ Address \_\_\_\_\_  
Shield # \_\_\_\_\_

Defendant No. 3 Name \_\_\_\_\_ ShieId # \_\_\_\_\_ Where Currently Employed \_\_\_\_\_ Address \_\_\_\_\_

Defendant No. 2 Name ROBERT C. KELLY Shteld # N14  
Where Currently Employed FISHKILL COR-FAC-CORRECTIONAL  
Address FISHKILL COR-FAC-CORRECTIONAL fac - NYSDOCCS

No 1 Yes

Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[u]nless the Plaintiff exhausts all prison conditions under section 1983 of this title, or any other Federal law, by a thorough review with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such remedies as are available are exhausted." Administerative remedies are also known as grievance procedures.

#### IV. Exhaustion of Administrative Remedies:

I have been extensively de-styred and cultured so I could sell  
I asked for my sooty old bone put in salt  
calcareous & was allowed out of  
to the SGT. It has a moderate power and  
is effective and P.L.F.S.-D.

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you received and received.

### III. Injuries:

Who else  
saw what  
happened?

anyone  
else  
involved?

1. If there are any reasons why you did not file a grievance, state them here:	
F. If you did not file a grievance:	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.	
<p><i>also Acquire friend to put on paper Reg.</i></p>	
2. What was the result, if any?	
<p><i>Being written up due to the Headteacher.</i></p>	
1. Which claim(s) in this complaint did you grieve?	
<p><i>766PC Office : Safety concerns 266C Code.</i></p>	
E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?	
<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
If No, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?	
<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?	
<p><input checked="" type="checkbox"/> If YES, which claim(s)?</p>	
<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know</p>	
C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?	
<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know</p>	
B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?	
<p><i>Facility</i></p>	

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

2-5. Myrtle aquatics and dunes.

~~\$ 5,000,000.00~~ ~~for~~

you are seeking and the basis for such amount. I see no other  
compensation in the amount of

State what you want the Court to do for you (including the amount of monetary compensation, if any, that

## V. Relief:

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

TO CALCULATE THE PPEA HOLD LINE  
AND SOURCE OF SPILLAGE, BUT  
EVALUATED WHETHER IT WAS DUE TO THE  
WHY COMPARTMENT AT THE TIME IT WAS STILL  
INCARCERATED AT E.C.E

6

Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:

3. Docket or Index number	4. Name of Judge assigned to your case	5. Approximate date of filing lawsuit
2. Court (if federal court, name the district; if state court, name the county)		

Plaintiff	Defendants
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1. Parties to the previous lawsuit:

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2. Court (if federal court, name the district; if state court, name the county)	
Plaintiff	Defendants
3. Docket or Index number	
4. Name of Judge assigned to your case	
5. Approximate date of filing lawsuit	
6. Is the case still pending? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)	

IF NO, give the approximate date of disposition	
3. Docket or Index number	
4. Name of Judge assigned to your case	
5. Approximate date of filing lawsuit	
6. Is the case still pending? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)	

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
VI. Previous lawsuits:	
<p>A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?</p> <p>On these claims</p>	

Signature of Plaintiff

I declare under penalty of perjury that on this 1 day of February, 2020 I am delivering this complaint to prison authorities to be mailed to the Pro Se Office of the United States District Court for the Southern District of New York.

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

Institution Address

Inmate Number

Signature of Plaintiff

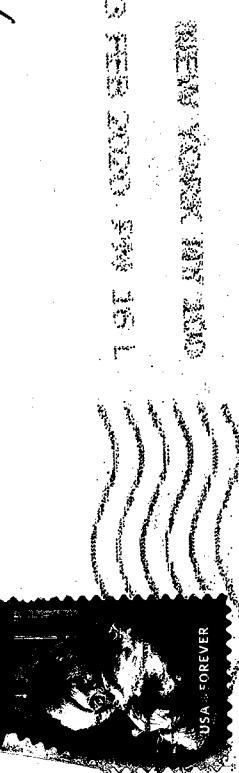
Signature of Plaintiff

I declare under penalty of perjury that the foregoing is true and correct.

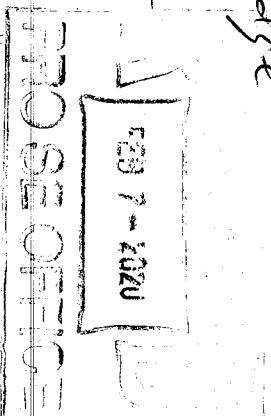
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

6. Is the case still pending? Yes      No      If No, give the approximate date of disposition

102-18 Tassegee Avenue  
America NY 11433



COLLEEN M. McLOAD  
Chief United States District Judge  
United States District Court  
Southern District of New York  
U.S. Courthouse  
500 Pearl Street



NEW YORK, N.Y. 1007

ACR1121(CM)